

(Rev. 4/97)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

ORIGINAL

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

JAVAN P. Christian

(Enter above the full name of the plaintiff in this action)

V.

HOWARD R. Young

CORRECTIONAL FACILITY

(Enter above the full name of the defendant(s) in this action)

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2005 MAY 23 PM 4:33

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I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?
YES [] NO [X]

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket number _____

4. Name of judge to whom case was assigned _____

5. Disposition (for example: Was the case dismissed? Was it appealed?
Is it still pending?)

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner
grievance procedure? Yes ☐ No ☒

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not I REPEATEDLY ASKED

CORRECTIONAL OFFICERS, THEY STATED THERE IS NOTHING THAT
CAN BE DONE!

E. If there is no prison grievance procedure in the institution, did you complain to
prison authorities? Yes ☒ No ☐

F. If your answer is YES,

1. What steps did you take? THERE IS A GRIEVANCE PROCEDURE, BUT

THEY CAN'T DO ANYTHING TO HELP BECAUSE AN INCIDENT OCCURRED

2. What was the result? AN INCIDENT OCCURRED!

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff JAVAN P. CHRISTIAN
 Address P.O. Box 9561 - Wilmington, DE 19809 - H.R.Y.C.F.

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant HOWARD R. YOUNG CORRECT F. is employed as _____
- Jail Prison - at 1301 EAST 12ST Wilmington, DE 19809
 C. Additional Defendants (SIRAY WILLIAMS)

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

ON April 4, 2005 AT 3:27 I got into A Fight
IN THE gym WITH A SENTENCED INMATE. I AM Suffering
FROM NECK AND BACK PAINS DUE to this INCIDENT! I WAS
PLACED ON A SENTENCED - pod (1-A) AND I WAS NOT
AN SENTENCED INMATE. This whole situation could have BEEN prevented!

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.)

I would like to be COMPENSATED for my
"INJURIES" so I can get PROFESSIONAL HELP!

Signed this 18th day of April, 2005.

Jaron P. Christian
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

4-18-05
Date

Jaron P. Christian
(Signature of Plaintiff)

JAVAN P. CHRISTIAN #356635
HOWARD R. YOUNG Corrections

WILMINGTON, DE 19850 MAY 20 2005
WILM, DE 19804

U.S.M.S.
X-RAY

CLERK
U.S. District Court
J. Caleb Boggs Federal Building
Lock box 18
844 N. King Street
Wilmington, DE

